2700 INTERNAL TRANSFER REQUEST FOR S.N.

DATE: 7/13/90	7 FROM: M. Ki	(print name)
FORWARD TO: A. Art Unit: 275/ B. Class: 709 C Subclass: 200 +	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box) (-17 + 20 - 22 (Inag)
FURTHER EXPLANATION IF N	EEDED:	k communications
	orphe intuo	
DATE:	FROM:	(print name)
FORWARD TO: A. Art Unit: B. Class: C Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
	EDED.	
FURTHER EXPLANATION IF NE		(print pame)
	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EDED:	(check box)

FURTHER EXPLANATION IF | EEDED:

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